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CONFIRMATION NO. 9059

<b>SERIAL NUMBER</b> 10/821,813	<b>FILING OR 371(c) DATE</b> 04/08/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> P0453.70112US01
<b>APPLICANTS</b> Thomas A. Boyd, Grandview, NY; Robert J. Israel, Suffern, NY; Suketu P. Sanghvi, Kendall Park, NJ;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/461,608 04/08/2003 ✓ <i>mt</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>not me ✓</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 07/06/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>mt</i> <i>mt</i> <i>mt</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 111
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Edward R. Gates Wolf, Greenfield & Sacks, P.C. 600 Atlantic Avenue Boston, MA02210				
<b>TITLE</b> Use of methylnaltrexone to treat irritable bowel syndrome				
<b>FILING FEE RECEIVED</b> 1312	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	